

March 1, 2011

Agency for Healthcare Research and Quality,
Attention: Nancy Wilson, Immediate Office of the Director
540 Gaither Road, Room 3028
Rockville, MD 20850.

Dear Dr. Wilson:

Massachusetts is pleased to offer comments on the proposed Adult Core Measure Set. Our comments fall into three areas: (1) those measures that we believe are highly actionable and are of low burden to collect; (2) those that we believe are burdensome, but actionable and should be considered optional or perhaps be utilized on a rotating schedule; and (3) those measures we believe to be problematic in some fashion.

Recommended Measures: Actionable and Low Data Collection Burden

- #3 Breast Cancer Screening
- #4 Cervical Cancer Screening
- #24 Follow-up after Hospitalization for Mental Illness
- #34 Comprehensive Diabetes Care: Hemoglobin A1c testing
- #37 Antidepressant Medication Management
- # 49 Initiation and Engagement of Alcohol and Other Drug Dependence Treatment

Recommended, But on a Rotating Schedule or for Optional Collection

Some of the proposed measures require medical record abstraction (hybrid measures) which greatly increases the data collection burden. We would welcome a conversation with CMS about how to ensure that data collection burdens are minimized for us and for our contracted plans.

#30 Controlling High Blood Pressure

- Because this is a hybrid measure, it presents considerable data collection burden
- We recommend sparing use of this measure

#51 Prenatal and Postpartum Care Rate

- Because this is a hybrid measure, it presents considerable data collection burden
- It is only moderately actionable

Potentially Flawed or Otherwise Problematic Measures

#5 Alcohol Misuse: Screening, Brief Intervention, Referral for Treatment

- This measure is only feasible if a state has activated the specific billing codes for payment. Otherwise the measure would be a hybrid measure that is burdensome to collect.

PQI Measures Overall

- Many of the PQI measures look for complications that occur long after the primary care that could have affected the outcome has been delivered. Thus many of the PQI measures are of questionable actionability with respect to primary care.

#18 PQI 13: Angina without procedure

- As a recent paper by Barry Saver et al demonstrates [Med Care. 2009 October; 47\(10\): 1106–1110.](#), this measure is no longer useful as coding practices have changed. We recommend that it be dropped.

#25 Appropriate Use of Antenatal Steroids

- The measure appears to be subject to ceiling effects which may make the measure unsuitable for improvement purposes.

#35 Use of Appropriate Medications for People with Asthma

- MassHealth currently collects this measure and finds it somewhat actionable. However, AHRQ should be aware that states may promulgate their own asthma guidelines which are not always 100% aligned with this measure. This is the case in Massachusetts. Some states may not wish to implement the proposed version of this measure because of these differences.

#45 and # 46: Family Experience of Care:

- MassHealth has moved away from plan-level CAHPS measurement to provider level experience data. Provider level data are more actionable. We recommend using a provider-level tool such as the CAHPS-CG or the soon to be released PCMH/CAHPS-CG.

50 Mental Health Utilization

- Although this measure places little burden on providers, it is of limited actionability.

Closing Comment

While many of the measures proposed apply to all populations (disabled/not disabled), we encourage CMS to adopt measures which address specific issues for disabled populations such as coordination of services and care as well as access to long-term care supports.

Thank you for the opportunity to comment on these measures.

Sincerely,

Terence G. Dougherty
Medicaid Director